## **Town of Chilmark** P.O. Box 119, Chilmark, MA 02535-0119 ABEL'S HILL CEMETERY PLOT APPLICATION

## Chilmark Property Held in LLC, Trust or Other Entity

Applicant's Name(s):				
Last	First			Middle
Address of Chilmark property: Street			_ Map	Parcel
Name property is taxed under (i.e. LLC, Trust):				
Applicant's Mailing Address:				
Phone Number(s):	E-mail	E-mail:		
REQUESTED PLOT SIZE:				
( ) FULL PLOT	11'x 11'	\$1,200		
( ) HALF PLOT	11' x 5.5'	\$600		
( ) CREMATION PLOT	5.5 'x 5.5'	\$300		

\*Please make checks payable to The Town of Chilmark. Payment due upon application.

For the purposes of this application, I swear that for a minimum of 5 consecutive years this LLC, Trust or other entity has owned the qualifying lot and I have been a member or beneficiary of the said LLC, Trust or other entity. As required, I have notified the manager/trustee of the LLC, Trust or other entity that I am applying for the sole cemetery plot allowed under this qualifying property. The manager/trustee will inform the other partners or beneficiaries and will send confirmation to the Cemetery Commissioners that all partners and beneficiaries have been notified.

The information given above is true to the best of my knowledge. I understand that, if assigned a plot by the Cemetery Commission, I will be subject to the Chilmark Cemetery Regulations and Policies (attached).Signed under the pains and penalties of perjury,

-	Applicant's Signature		Date			
For office use only • Assessor and Administrator's Certification of Ownership • For office use only						
The above nam	ed Legal Entity [ ] is [	] is not the owner of rec	cord for the qualifying property			
	Assessor's Signa	ature	Date			
An acknowledgment and consent from the manager/trustee has: ( ) has not ( ) been received. Cemetery Commission Board Administrator: Date:						
	Paid Date: AVENUE:		LL / HALF / CREMATION			
[ ] Approved	[ ] Denied by Vote of the	e Cemetery Commission of				